

AMENDMENT #11

CONTRACT #0000000000000000000018310

This is an Amendment to the Contract (the "Contract entered into by and between the **Indiana Family Social Services Administration, Office of Medicaid Policy and Planning** (the "State") and **ANTHEM INSURANCE COMPANIES INC** (the "Contractor") approved by the last State signatory on January 18, 2017.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The Contract for providing risk-based managed care services to Medicaid beneficiaries enrolled in the State of Indiana's Healthy Indiana Plan program is hereby amended to update Exhibit 10.I.

Exhibit 10.I, which lists the State's Capitation Rates for the Healthy Indiana Plan, is superseded and replaced by **Exhibit 10.J**, which is attached hereto and incorporated herein.

Funding in the amount of \$2,841,353,293.22 is being added to the total contract amount. Total remuneration under the Contract shall not to exceed **\$9,391,120,060.02**.

Additionally, Clause 3 "Term" is hereby deleted and the following substituted therefore:

3. Term

The original Contract term shall be effective for a period of four (4) years. It shall commence on January 1, 2017 and remain in effect through December 31, 2020. Effective December 31, 2020, the first of two (2) one (1) year renewals is implemented, resulting in a new contract termination date of December 31, 2021. At the discretion of the State, there may be one (1) additional one (1) year renewal. In no event shall the term exceed a total of six (6) years.

All matters set forth in the original Contract and not affected by this Amendment shall remain in full force and effect.

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Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that the undersigned is the Contractor, or that the undersigned is the properly authorized representative, agent, member or officer of the Contractor. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Contractor, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Amendment other than that which appears upon the face hereof. **Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC § 4-2-6-1, has a financial interest in the Contract, the Contractor attests to compliance with the disclosure requirements in IC § 4-2-6-10.5.**

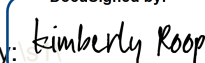
Agreement to Use Electronic Signatures

I agree, and it is my intent, to sign this Contract by accessing State of Indiana Supplier Portal using the secure password assigned to me and by electronically submitting this Contract to the State of Indiana. I understand that my signing and submitting this Contract in this fashion is the legal equivalent of having placed my handwritten signature on the submitted Contract and this affirmation. I understand and agree that by electronically signing and submitting this Contract in this fashion I am affirming to the truth of the information contained therein. I understand that this Contract will not become binding on the State until it has been approved by the Department of Administration, the State Budget Agency, and the Office of the Attorney General, which approvals will be posted on the Active Contracts Database:

https://fs.gmis.in.gov/psp/guest/SUPPLIER/ERP/c/SOI_CUSTOM_APPS.SOI_PUBLIC_CNTRCT S.GBL

In Witness Whereof, Contractor and the State have, through their duly authorized representatives, entered into this Amendment. The parties, having read and understood the foregoing terms of this Amendment, do by their respective signatures dated below agree to the terms thereof.

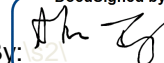
ANTHEM INSURANCE COMPANIES INC

DocuSigned by:
By: 
D273C04648AF46A...

Title: President, Anthem IN Medicaid

Date: 9/18/2020 | 12:23 EDT

Indiana Family Social Services Administration, Office of Medicaid Policy and Planning

DocuSigned by:
By: 
3C2ABD79A80D498...

Title: Medicaid director

Date: 9/24/2020 | 11:55 EDT

Electronically Approved by: Indiana Office of Technology By: _____ (for) Tracy E. Barnes, Chief Information Officer	Electronically Approved by: Department of Administration By: _____ (for) Lesley A. Crane, Commissioner
Electronically Approved by: State Budget Agency By: _____ (for) Zachary Q. Jackson, Director	Electronically Approved as to Form and Legality: Office of the Attorney General By: _____ (for) Curtis T. Hill, Jr., Attorney General

EXHIBIT 10.J

HEALTHY INDIANA PLAN CAPITATION RATES

Actuarial Certification:

The actuarial certification for each Contract year is incorporated in this Contract by reference. Actuarial certifications or amendments to certifications that have been signed by contracted entities and approved by CMS will be considered binding on all parties. As a matter of convenience, rates and other information from the certification are reproduced in this section of the Contract, but the certifications generally contain additional detail that should also be considered a part of this Contract.

Note on Capitation Rates:

The capitation rates listed in this exhibit shall apply for the rating periods January 1, 2017 through December 31, 2020.

Note on Rates and Rate Adjustment:

To the extent covered benefits or State-directed fee schedules are adjusted, capitation rates will be subject to revision in order to reflect the required program change. Future capitation rates will also be adjusted each year to reflect new base year data.

From time to time the State may adjust other fee schedules related to covered services for which reimbursement is not State-directed, as defined in 42 CFR 438.6(c)(iii), under this Contract. Where reimbursement is not State-directed, the Contractor may negotiate separate and distinct reimbursement with service providers, constrained only by other Contract provisions, such as access requirements. Should the State change these other fee schedules, there will be no related capitation rate adjustment.

Note on Risk Adjustment:

Each Contractor's rates have been adjusted based on the relative morbidity of their enrolled members. FSSA reserves the right to change risk adjustment models and tools. Total payments by FSSA will be cost neutral. Risk adjustment was calculated separately for each major rate grouping, using an aggregate approach, and will be applied to age / gender specific rates. FSSA reserves the right to adjust rates retrospectively. Members enrolled for less than six (6) months were risk adjusted according to each Contractor's average risk adjustment factor.

For the HIP CY 2020 rates, an initial Contractor-specific acuity adjustment was applied to the rates instead of the typical budget neutral risk adjustment. Each Contractor's CY 2020 rates have been adjusted based on this acuity adjustment. At a later point in time, these rates will be adjusted further to reflect an updated, retroactive Contractor-specific acuity adjustment, based on the morbidity of the Contractor's enrolled members in March 2020. This acuity adjustment process is described in further detail in the CY 2020 HIP rate certification report.

Note on Incentive Payment Withholding:

The capitation rates listed in this exhibit do not reflect any withhold amounts. FSSA will withhold a portion of the approved capitation payments from the Contractor on the following schedule:

- Year 1, 2017 – one point eight two percent (1.82%)
- Year 2, 2018 – two point zero five percent (2.05%)
- Year 3, 2019 – two point zero five percent (2.05%)
- Year 4, 2020 – two point zero five percent (2.05%)
- Year 5, 2021 – three point eight eight percent (3.88%)
- Year 6, 2022 – four point five six percent (4.56%)

The Contractor may be eligible to receive some or all of the withheld funds based on Contractor's performance in the areas outlined in Section B.4.a of Contract Exhibit 4. Withhold payments will be calculated as set forth in Section B.4.a of Contract Exhibit 4.

EXHIBIT 10.J**HEALTHY INDIANA PLAN CAPITATION RATES**Note on Section 9010 Health Insurer Fees:

Actuarial soundness requires all applicable fees and taxes be reflected in the rates. This includes the health insurer fee (HIF) implemented under Section 9010 of the Affordable Care Act. FSSA will adjust capitation rates both retrospectively and prospectively to reflect any HIF paid during the contract year and associated income taxes. FSSA intends retroactive HIF adjustments to be a uniform percentage increase to the rates, to be applied to the entire rating period. The amount of the adjustment will be determined after the actual amount of the HIF is known.

In this exhibit:

- The CY 2018 rates include an adjustment that was made for the HIF
- The CY 2020 rates do not include an adjustment for the HIF, but it is anticipated that the rates will be adjusted for the HIF at a future time.
- The CY 2017 and CY 2019 rates do not include an adjustment for the HIF. It is not anticipated that the rates will be adjusted for HIF, since the fee was suspended for these years

Note on Calendar Year 2017 Capitation Rates:

No further adjustments to the Calendar Year 2017 capitation rates are anticipated.

**2017 Healthy Indiana Plan Capitation Rates
Effective January 1, 2017-March 31, 2017**

All rates before adjustment for 1.82% withhold and after risk adjustment.

State Plan Benefits Package

Male – Basic		Female – Basic	
19 – 24	\$ 106.84	19 – 24	\$ 102.73
25 – 34	196.85	25 - 34	200.94
35 - 44	254.46	35 - 44	307.82
45 and Over	360.38	45 and Over	396.29

Male – Plus		Female – Plus	
19 - 24	\$ 209.72	19 - 24	\$ 180.40
25 - 34	330.56	25 - 34	364.50
35 - 44	493.32	35 - 44	592.55
45 and Over	676.42	45 and Over	752.65

Healthy Indiana Plan

Male – Basic		Female – Basic	
19 – 24	\$ 72.94	19 - 24	\$ 69.00
25 - 34	145.19	25 - 34	105.71
35 - 44	208.36	35 - 44	173.78
45 - 54	314.96	45 - 54	301.59
55 - 64	334.26	55 - 64	265.91

EXHIBIT 10.J
HEALTHY INDIANA PLAN CAPITATION RATES

Male – Plus		Female – Plus	
19 - 24	\$ 141.04	19 - 24	\$ 146.27
25 - 34	233.19	25 - 34	219.76
35 - 44	325.65	35 - 44	367.68
45 - 54	524.40	45 - 54	513.90
55 - 64	538.76	55 - 64	525.31

Other HIP Groups

Medically Frail - Basic	\$ 736.25
Medically Frail - Plus	\$ 1,403.04
Pregnant Females - State Plan	\$ 567.24
Pregnant Females - HIP	\$ 493.33
Maternity Case Rate - State Plan	\$ 7,241.76
Maternity Case Rate - HIP	\$ 7,774.16
Hospital Presumptive Eligibility	\$ 1,240.33

2017 Healthy Indiana Plan Capitation Rates
Effective April 1, 2017-June 30, 2017

All rates before adjustment for 1.82% withhold and after risk adjustment.

State Plan Benefits Package

Male – Basic		Female – Basic	
19 – 24	\$ 105.77	19 – 24	\$ 96.71
25 – 34	196.54	25 - 34	192.97
35 - 44	248.66	35 - 44	297.37
45 and Over	351.04	45 and Over	388.78

Male – Plus		Female – Plus	
19 - 24	\$ 205.72	19 - 24	\$ 168.80
25 - 34	323.67	25 - 34	346.87
35 - 44	482.09	35 - 44	570.96
45 and Over	656.07	45 and Over	725.78

Healthy Indiana Plan

Male – Basic		Female – Basic	
19 – 24	\$ 73.20	19 - 24	\$ 66.02
25 - 34	144.81	25 - 34	101.88
35 - 44	209.16	35 - 44	169.94
45 - 54	322.02	45 - 54	295.73
55 - 64	347.46	55 - 64	267.07

EXHIBIT 10.J**HEALTHY INDIANA PLAN CAPITATION RATES**

Male – Plus		Female – Plus	
19 - 24	\$ 137.99	19 - 24	\$ 139.60
25 - 34	226.21	25 - 34	207.61
35 - 44	319.37	35 - 44	351.23
45 - 54	517.94	45 - 54	493.22
55 – 64	533.11	55 - 64	511.38

Other HIP Groups

Medically Frail - Basic	\$ 731.43
Medically Frail - Plus	\$ 1,360.26
Pregnant Females - State Plan	\$ 536.17
Pregnant Females - HIP	\$ 470.03
Maternity Case Rate - State Plan	\$ 8,133.06
Maternity Case Rate - HIP	\$ 8,663.99
Hospital Presumptive Eligibility	\$ 1,261.74

2017 Healthy Indiana Plan Capitation Rates
Effective July 1, 2017-December 31, 2017

All rates before adjustment for 1.82% withhold and after risk adjustment.

State Plan Benefits Package

Male – Basic		Female – Basic	
19 – 24	\$ 114.09	19 – 24	\$ 107.83
25 – 34	213.90	25 - 34	212.32
35 - 44	271.74	35 - 44	326.19
45 and Over	384.79	45 and Over	424.75

Male – Plus		Female – Plus	
19 - 24	\$ 218.28	19 - 24	\$ 185.55
25 - 34	348.42	25 - 34	377.11
35 - 44	518.49	35 - 44	616.30
45 and Over	711.88	45 and Over	787.79

Healthy Indiana Plan

Male – Basic		Female – Basic	
19 – 24	\$ 78.97	19 - 24	\$ 73.66
25 - 34	157.96	25 - 34	113.52
35 - 44	227.88	35 - 44	187.31
45 - 54	348.07	45 - 54	325.53
55 - 64	376.15	55 - 64	292.05

EXHIBIT 10.J**HEALTHY INDIANA PLAN CAPITATION RATES**

Male – Plus		Female – Plus	
19 - 24	\$ 148.51	19 - 24	\$ 152.75
25 - 34	244.95	25 - 34	227.48
35 - 44	346.13	35 - 44	384.98
45 - 54	561.92	45 - 54	539.52
55 – 64	582.69	55 - 64	558.35

Other HIP Groups

Medically Frail - Basic	\$ 790.27
Medically Frail - Plus	\$ 1,471.35
Pregnant Females - State Plan	\$ 579.84
Pregnant Females - HIP	\$ 505.29
Maternity Case Rate - State Plan	\$ 8,578.71
Maternity Case Rate - HIP	\$ 9,108.90
Hospital Presumptive Eligibility	\$ 1,382.29

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EXHIBIT 10.J**HEALTHY INDIANA PLAN CAPITATION RATES**

Note on Calendar Year 2018 Capitation Rates (Planned Future Rate Adjustments):
No further adjustments to the Calendar Year 2018 capitation rates are anticipated.

2018 Healthy Indiana Plan Capitation Rates
Effective January 1, 2018-July 31, 2018

All rates before adjustment for 2.05% withhold and after risk adjustment.

State Plan Benefits Package

Male – Basic		Female – Basic	
19 – 24	\$ 164.77	19 – 24	\$ 137.23
25 – 34	193.49	25 - 34	218.44
35 - 44	271.44	35 - 44	309.98
45 and Over	360.02	45 and Over	449.47

Male – Plus		Female – Plus	
19 - 24	\$ 284.51	19 - 24	\$ 228.20
25 - 34	357.75	25 - 34	438.57
35 - 44	568.29	35 - 44	668.84
45 and Over	726.88	45 and Over	805.61

Healthy Indiana Plan

Male – Basic		Female – Basic	
19 – 24	\$ 112.62	19 - 24	\$ 109.10
25 - 34	187.33	25 - 34	154.53
35 - 44	262.91	35 - 44	204.82
45 - 54	386.85	45 - 54	325.39
55 - 64	453.19	55 - 64	317.37

Male – Plus		Female – Plus	
19 - 24	\$ 224.29	19 - 24	\$ 197.20
25 - 34	335.16	25 - 34	271.98
35 - 44	428.61	35 - 44	428.29
45 - 54	638.55	45 - 54	589.94
55 – 64	662.70	55 - 64	593.31

Other HIP Groups

Medically Frail - Basic	\$ 892.33
Medically Frail - Plus	\$ 1,539.05
Pregnant Females - Composite	\$ 630.77
Maternity Case Rate - Composite	\$ 7,709.52
Hospital Presumptive Eligibility	\$ 1,479.47

EXHIBIT 10.J

HEALTHY INDIANA PLAN CAPITATION RATES

2018 Healthy Indiana Plan Capitation Rates Effective August 1, 2018-December 31, 2018

All rates before adjustment for 2.05% withhold and after risk adjustment.

State Plan Benefits Package

Male – Basic		Female – Basic	
19 – 24	\$ 174.92	19 – 24	\$ 143.29
25 – 34	205.52	25 - 34	231.44
35 - 44	287.88	35 - 44	327.01
45 and Over	381.66	45 and Over	478.88

Male – Plus		Female – Plus	
19 - 24	\$ 293.12	19 - 24	\$ 238.29
25 - 34	374.84	25 - 34	459.23
35 - 44	596.50	35 - 44	702.12
45 and Over	762.34	45 and Over	847.16

Healthy Indiana Plan

Male – Basic		Female – Basic	
19 - 24	\$ 118.85	19 - 24	\$ 115.19
25 - 34	200.66	25 - 34	164.68
35 - 44	283.60	35 - 44	218.63
45 - 54	420.63	45 - 54	350.29
55 - 64	490.47	55 - 64	341.78

Male – Plus		Female – Plus	
19 - 24	\$ 233.26	19 - 24	\$ 205.65
25 - 34	354.28	25 - 34	284.71
35 - 44	454.43	35 - 44	451.34
45 - 54	680.64	45 - 54	624.47
55 – 64	710.71	55 - 64	629.78

Other HIP Groups

Medically Frail - Basic	\$ 950.45
Medically Frail - Plus	\$ 1,621.10
Pregnant Females - Composite	\$ 658.49
Maternity Case Rate - Composite	\$ 8,522.22
Hospital Presumptive Eligibility	\$ 1,595.92

EXHIBIT 10.J

HEALTHY INDIANA PLAN CAPITATION RATES

Note on Calendar Year 2019 Capitation Rates (Planned Future Rate Adjustments):

The following rate adjustments are anticipated at a future time, but are not reflected in the capitation rates documented in this section:

- Adjustment to reflect updates made to the State-directed outpatient hospital fee schedule for CY 2019
- Adjustment to reflect any State-directed Hospital Assessment Fee (HAF) fee schedule changes that become effective during CY 2019
- Adjustment to reflect expanded access to substance use disorder services such as residential treatment and opioid treatment programs
- Adjustment to reflect coverage of cochlear devices
- Adjustment to reflect expansion of tobacco cessation drug treatment coverage
- Adjustment to reflect extension of Inpatient Outpatient Program (IOP) services to all Medicaid managed care benefit packages

No further adjustments to the Calendar Year 2019 capitation rates are anticipated.

2019 Healthy Indiana Plan Capitation Rates Effective January 1, 2019-July 31, 2019

All rates before adjustment for 2.05% withhold and after risk adjustment.

State Plan Benefits Package

Male – Basic		Female – Basic	
19 – 24	\$ 188.09	19 – 24	\$ 165.99
25 – 34	215.32	25 - 34	264.01
35 - 44	311.83	35 - 44	385.49
45 and Over	603.60	45 and Over	530.65

Male – Plus		Female – Plus	
19 - 24	\$ 296.67	19 - 24	\$ 245.66
25 - 34	341.59	25 - 34	441.47
35 - 44	528.53	35 - 44	696.59
45 and Over	836.70	45 and Over	876.99

Healthy Indiana Plan

Male – Basic		Female – Basic	
19 - 24	\$ 118.75	19 - 24	\$ 120.95
25 - 34	209.38	25 - 34	167.47
35 - 44	271.53	35 - 44	228.09
45 - 54	411.65	45 - 54	353.25
55 - 64	517.41	55 - 64	411.25

EXHIBIT 10.J
HEALTHY INDIANA PLAN CAPITATION RATES

Male – Plus		Female – Plus	
19 - 24	\$ 249.86	19 - 24	\$ 211.55
25 - 34	334.12	25 - 34	291.61
35 - 44	434.67	35 - 44	413.85
45 - 54	649.07	45 - 54	611.08
55 – 64	711.74	55 - 64	632.65

Other HIP Groups

Medically Frail - Basic	\$ 968.20
Medically Frail - Plus	\$ 1,596.11
Pregnant Females - Composite	\$ 594.91
Maternity Case Rate - Composite	\$ 8,760.15
Hospital Presumptive Eligibility	\$ 625.74

2019 Healthy Indiana Plan Capitation Rates
Effective August 1, 2019-December 31, 2019

All rates before adjustment for 2.05% withhold and after risk adjustment.

State Plan Benefits Package

Male – Basic		Female – Basic	
19 – 24	\$ 180.24	19 – 24	\$ 160.33
25 – 34	206.27	25 - 34	254.18
35 - 44	297.25	35 - 44	369.97
45 and Over	566.18	45 and Over	504.14

Male – Plus		Female – Plus	
19 - 24	\$ 288.57	19 - 24	\$ 238.63
25 - 34	330.55	25 - 34	429.13
35 - 44	510.51	35 - 44	675.76
45 and Over	800.35	45 and Over	845.07

Healthy Indiana Plan

Male – Basic		Female – Basic	
19 - 24	\$ 114.10	19 - 24	\$ 117.40
25 - 34	199.23	25 - 34	160.63
35 - 44	256.37	35 - 44	218.64
45 - 54	385.28	45 - 54	336.08
55 - 64	482.91	55 - 64	387.84

EXHIBIT 10.J
HEALTHY INDIANA PLAN CAPITATION RATES

Male – Plus		Female – Plus	
19 - 24	\$ 241.90	19 - 24	\$ 206.51
25 - 34	320.44	25 - 34	282.96
35 - 44	415.32	35 - 44	399.62
45 - 54	616.60	45 - 54	587.19
55 – 64	672.94	55 - 64	603.97

Other HIP Groups

Medically Frail - Basic	\$ 925.13
Medically Frail - Plus	\$ 1,536.58
Pregnant Females - Composite	\$ 579.45
Maternity Case Rate - Composite	\$ 7,932.60
Hospital Presumptive Eligibility	\$ 594.44

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EXHIBIT 10.J**HEALTHY INDIANA PLAN CAPITATION RATES**Note on Calendar Year 2020 Capitation Rates (Planned Future Rate Adjustments):

The following rate adjustments are anticipated at a future time, but are not reflected in the capitation rates documented in this section:

- Adjustment to reflect updates made to the State-directed inpatient hospital fee schedule for CY 2020
- Adjustment to reflect updates made to the State-directed outpatient hospital fee schedule for CY 2020
- Adjustment to reflect any State-directed Hospital Assessment Fee (HAF) fee schedule changes that become effective during CY 2020
- Adjustment to reflect any other changes made to State-directed fee schedules during CY 2020
- Adjustment to update the acuity adjustment, based on the morbidity of the Contractor's enrolled members in March 2020
- Adjustment to include reimbursement for the HIF
- Adjustment to reflect rate changes and risk mitigation mechanisms related to the COVID-19 pandemic

**2020 Healthy Indiana Plan Capitation Rates
Effective January 1, 2020-December 31, 2020**

All rates before adjustment for 2.05% withhold and after risk adjustment.

State Plan Benefits Package

Male – Basic		Female – Basic	
19 – 24	\$ 165.32	19 – 24	\$ 187.03
25 – 34	254.13	25 - 34	284.09
35 - 44	438.70	35 - 44	417.71
45 and Over	574.56	45 and Over	635.26

Male – Plus		Female – Plus	
19 - 24	\$ 363.14	19 - 24	\$ 259.46
25 - 34	476.21	25 - 34	429.71
35 - 44	624.12	35 - 44	700.58
45 and Over	898.02	45 and Over	916.88

Healthy Indiana Plan

Male – Basic		Female – Basic	
19 - 24	\$ 114.88	19 - 24	\$ 106.20
25 - 34	169.87	25 - 34	148.91
35 - 44	236.21	35 - 44	209.95
45 - 54	352.72	45 - 54	327.45
55 - 64	444.87	55 - 64	347.29

EXHIBIT 10.J
HEALTHY INDIANA PLAN CAPITATION RATES

Male – Plus		Female – Plus	
19 - 24	\$ 216.43	19 - 24	\$ 190.05
25 - 34	283.89	25 - 34	250.19
35 - 44	365.00	35 - 44	353.82
45 - 54	521.05	45 - 54	536.74
55 – 64	608.96	55 - 64	550.05

Other HIP Groups

Medically Frail - Basic	\$ 894.00
Medically Frail - Plus	\$ 1,438.69
Pregnant Females - Composite	\$ 550.36
Maternity Case Rate - Composite	\$ 8,208.85

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